

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10596746

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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3		/		/		
4	①	⑦		/		
5		⑦		/		
6	①			/		
7	③	③		/		
8	①	①		/		
9	①	①		/		
10	①	①		/		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	21	←	24	←		←
TOTAL CLAIMS	23		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						